

Excluded in Form PUA-579

Application of Dental Hygiene

(Column 1) . (Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

RATE (\$)	FEE (\$)
	300
A	0
B	8
TOTAL	

- if the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
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355	356	357
358	359	360
361	362	363
364	365	366
3		

SMALL ENTITY

03

OTHER THAN
SMALL ENTITY

RATE (\$)	ADDITIONAL FEE (\$)
50	
200	
360	
TOTAL RIDE FEE	

50	
200	
360	
TOTAL ADDFEE	

- if the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the entry in column 1 is less than the entry in column 2, enter "1" in column 3.

... If the "Highest Number Previously Paid For IN THIS SPACE" is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

The Request Number Previously Paid For (Total or Independent) is the Request Number previously paid for by applicant. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1150, Alexandria, VA 22311-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22311-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2